

## PART B - FEE(S) TRANSMITTAL

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26646 7590 05/22/2006

**KENYON & KENYON LLP**  
**ONE BROADWAY**  
**NEW YORK, NY 10004**

08/01/2006 SFELEKE2 00000031 110600 10615427

01 FC:1501 1400.00 DA  
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*Aaron D. Oeoitch* (Depositor's name)  
 (Signature)  
 7/17/2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,427	07/07/2003	Michael Moser	11403/35	7485

**TITLE OF INVENTION: METHOD FOR IMPROVING GPS INTEGRITY AND DETECTING MULTIPATH INTERFERENCE USING INERTIAL NAVIGATION SENSORS AND A NETWORK OF MOBILE RECEIVERS**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/22/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
ARTHUR JEANGLAUD, GERTRUDE		3661	701-214000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.  
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*Kenyon & Kenyon*

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Robert Bosch GMBH

Stuttgart, Federal Republic of Germany

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Aaron D. Oeoitch*

Date 7/17/2006

Typed or printed name *Aaron D. Oeoitch*

Registration No. 33,865

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